

EXHIBIT G



Patient Name: Botten, John

CONFIDENTIAL

EMS Agency Name: San Bernardino County Fire Department

Division 11 Admin
1824 W St.
City of San Bernardino, CA
92415
Work: 909-357-1551
Work: 909-829-4441
Work: 760-947-5289
Work: 760-947-8023

Complete ePCR w/attachments

Patient Information		
Name: Botten, John	Age: 40 Years	D.O.B.: 8/9/1980
Address: 17994 CATALPA ST HESPERIA, CA 92345	Gender: Male	Race: White
Is Patient Homeless?: No	Weight: 108.9 kg Estimate	
	SSN#: 999-99-9999	
Patient's Phone Number		Type
(999) 999-9999		

Has the patient traveled outside the United States in the last 30 days?: No

Call Type/Location/Disposition	
Call Type: Stab/Gunshot Wound/Penetrating Trauma	Disposition: Patient Treated, Transported
Resp. Mode: Emergent (Immediate Response)	Primary Role of the Unit: ALS Ground Transport
Response: 911 Response (Scene)	Transport Mode: Emergent (Immediate Response)
	Destination: Desert Valley Hospital 16850 Bear Valley Road Victorville, CA 92395
Location: Private Residence/Apartment	Dest. Determ.: Protocol
Incident Address: 17994 CATALPA ST HESPERIA, CA 92345	
Response Delay: None/No Delay	Transport Delay: Diversion

Response Times and Mileage		
PSAP: 02/17/2021 02:58:55	Incident Number: 21-040262	
Disp. Notified: 02/17/2021 02:58:55	Call Sign: MA302	To Dest: 2.1
Unit Disp.: 02/17/2021 03:57:51	Veh. #: MA302	
Enroute: 02/17/2021 04:00:14		
At Scene: 02/17/2021 04:06:39	Scene Odom: 0	
At Patient: 02/17/2021 04:09:00	Dest. Odom: 2.1	
Depart: 02/17/2021 04:24:37		
Arrive Dest.: 02/17/2021 04:29:46	EMS Transport Method: Ground-Ambulance	
Destination PT Transfer of Care: 02/17/2021 04:37:00		
In Service: 02/17/2021 05:01:59		

Unit Personnel		
Crew Member	Level of Certification	Role
Rios, Daniel	EMT-Paramedic	Primary Patient Caregiver-At Scene
Chappell, Marc	EMT-Basic	Other Patient Caregiver-Transport ; Other Patient Caregiver-At Scene

Provider Impression	
Primary Impression: Traumatic Injury	Secondary Impression: Traumatic Injury

Patient Condition		
Complaint Type	Complaint	Duration
Chief (Primary)	Gunshot wound right forearm	Not Applicable
Date/Time of Symptom Onset: Not Applicable		
Primary Symptom: Pain, Extremity	Possible Injury: Yes	
Alcohol/Drug Use: None Reported	Other Symptoms: Pain, Extremity	
Chief Complaint Organ System: Musculoskeletal/Skin	Barriers to Patient Care: Not Applicable	
	Chief Complaint: Extremity-Upper	
Mechanism of Injury: Penetrating	Anatomic Location: Emergent (Yellow)	
Cause of Injury: Firearm injury	Initial Patient Acuity: Emergent (Yellow)	
	Final Patient Acuity: Emergent (Yellow)	

Narrative	
Narrative:	MA302 AOS with units on scene prior, along with CHP and SBSO for reported gunshot wound victims. MA302 was directed towards ME22 engineer PM for patient, one deceased male was non viable. MA302 was then directed to the address given for 3rd patient, patient 1 and 2 both being flown out by airship. MA302 patient was a 40 y/o male a&o x4 GCS of 15 found standing by his front door with deputies. Patient ambulated to gurney placed fowlers position, complaining of right arm pain from gunshot wound, once in the back of the ambulance cardiac monitor applied, lung sounds auscultated and clear bilaterally. trauma findings shown a penetrating injury to the right forearm, along with abrasions/ lacerations to the left forearm. Bleeding controlled, penetrating injury wrapped with Israeli bandaging. No other findings. LLUMC base contacted, LLUMC requested patient be taken by ground ambulance, enroute to LLUMC, shortly after MA302 was requested to be diverted to the closest DVH. Arrived to DVH gave report to Rn and doctor. Patient was offloaded to Er bed 7.

Past Medical History	
Patient Medications	
Medication	
None Reported	
Medication Allergies	

Unit Notified: 02/17/2021 03:57:51
Incident #: 21-040262

Patient Name: Botten, John
Patient Care Report Number: fed4a15f9d044d55b23fc95774d0e6f7

Call #: 21-040262
Date Printed: 03/16/2021 14:58

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Patient Name: Botten, John

EMS Agency Name: San Bernardino County Fire Department

Medication Allergies

Penicillin

Medical History: None Reported

Medical History Patient

Obtained From:

Is this patient a suspected PUI?: No

Is this patient a confirmed COVID-19?: No

Assessment Exam

Date/Time of Assessment

04:10:00

Assessment Summary

02/17/2021 04:10:00

Location	Description	Detailed Findings Details
Skin	Cool Capillary Nail Bed Refill 2-4 seconds Normal Dry	
Mental Status	Oriented-Event Oriented-Person Oriented-Place Oriented-Time	
Neurological	Gait-Normal Speech Normal Strength-Normal Cerebellar Function-Normal	
Eye Bilateral:	3-mm	
Chest/Lungs	Breath Sounds-Equal Breath Sounds-Normal-Right Breath Sounds-Normal-Left	
Forearm Forearm-Right:	Gunshot Wound Motor Function-Normal Pulse-Normal Sensation-Normal Bleeding Controlled	

Normal Findings

Head; Face; Neck; Heart; Pelvis;

Not Done

Vitals

Time	PTA	Response (AVPU)	BP	Method of Blood Pressure Measurement	B/Pressure	Patient Position	Airway	Pulse Rate	Method	Heart Rate	Pulse Quality	Pulse Rhythm	Resp Rate	Resp Reg	Effort	SpO2	Qual	CO2
04:16:00	No	Alert	154 / 102	Cuff-Automated	Cuff-Automated	Fowlers	Patent	109	Electronic Monitor - Pulse Oximeter		Normal; Rapid	Regular	24	Regularly-Regular	Norm al	98	At Room Air	
04:20:00	No	Alert	/			Fowlers	Patent	73			Normal	Regular	20	Regularly-Regular	Norm al	95	At Room Air	
04:28:46	No	Alert	94 / 78	Cuff-Automated	Cuff-Automated	Fowlers	Patent	74			Normal	Regular	22	Regularly-Regular	Norm al	95	At Room Air	

Vitals

Date/Time	Mean Arterial Pressure	Temperature	Temperature Method	Pain Scale Score	Pain Scale Type	Blood Glucose Level
04:16:00	119			8	Numeric (0-10)	
04:20:00					Other	
04:28:46	83				Other	

PQRST

Date/Time	Vital Signs Taken	Provoked	Quality	Region	Pain Scale Score	Duration	Duration Units	PQRST Narrative
04:16:00					8			

GCS

Unit Notified: 02/17/2021 03:57:51
Incident #: 21-040262

Patient Name: Botten, John
Patient Care Report Number: fed4a15f9d044d55b23fc95774d0e6f7

Call #: 21-040262
Date Printed: 03/16/2021 14:58

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Patient Name: Botten, John

EMS Agency Name: San Bernardino County Fire Department

Time	Total Glasgow Coma Score	Eye	Motor	Verbal	Score Qualifier
04:16:00	15	4 - Opens Eyes spontaneously (All Age Groups)	6 - Obeys commands (>2Years); Appropriate response to stimulation	5 - Oriented (>2 Years); Smiles, oriented to sounds, follows objects, interacts	Initial GCS has legitimate values without interventions such as intubation and sedation
04:20:00	15	4 - Opens Eyes spontaneously (All Age Groups)	6 - Obeys commands (>2Years); Appropriate response to stimulation	5 - Oriented (>2 Years); Smiles, oriented to sounds, follows objects, interacts	Initial GCS has legitimate values without interventions such as intubation and sedation
04:28:46	15	4 - Opens Eyes spontaneously (All Age Groups)	6 - Obeys commands (>2Years); Appropriate response to stimulation	5 - Oriented (>2 Years); Smiles, oriented to sounds, follows objects, interacts	Initial GCS has legitimate values without interventions such as intubation and sedation

Cardiac Arrest

Cardiac Arrest: No

Referred To

Receiving Hospital
Contacted Date/Time: 02/17/2021 04:27:40

Base Hospital

Base Hospital
Contact Date: 02/17/2021 04:27:27

Base Hospital
Contacted: Loma Linda University Medical Center

Trauma Detail

Cause of Injury: Firearm injury
Mechanism of Injury: Penetrating
Trauma Center Criteria:
Vehicular: EMS Provider Judgment
Pedestrian, or Other
Injury Risk Factor:
Work-Related Illness/Injury: No

Billing Information

Payment: No Insurance Identified

Work Related?: No

Signatures

Type of Person Signing: EMS Primary Care Provider (for this event)

Signature Reason: EMS Provider

Paragraph Text:

Status: Signed



Printed Name: Daniel Rios

Date/Time Signature Locked:


Signature Date:

Type of Person Signing: Healthcare Provider

Signature Reason: Transfer of Patient Care

Paragraph Text:

Status: Signed



Printed Name: Alexis Rn

Date/Time Signature Locked: 02/17/2021 04:37:31

Signature Date:

Unit Notified: 02/17/2021 03:57:51
Incident #: 21-040262

Patient Name: Botten, John
Patient Care Report Number: fed4a15f9d044d55b23fc95774d0e6f7

Call #: 21-040262
Date Printed: 03/16/2021 14:58

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Patient Name: Botten, John

EMS Agency Name: San Bernardino County Fire Department

Type of Person Signing: Patient

Signature Reason: HIPAA acknowledgement/Release; Permission to Transport; Permission to Treat; Release for Billing

Paragraph Text:

Status: Signed



Printed Name: John Botten

Date/Time Signature Locked: 02/17/2021 04:38:02

Signature Date:

MCI

Mass Casualty No
Incident:

Number of Patients Multiple
at Scene:

Valuables

Patient Belongings: Cell Phone

Patient Belongings At Destination with Patient
Left With:

Unit Notified: 02/17/2021 03:57:51
Incident #: 21-040262

Patient Name: Botten, John
Patient Care Report Number: fed4a15f9d044d55b23fc95774d0e6f7

Call #: 21-040262
Date Printed: 03/16/2021 14:58

CONFIDENTIAL



Patient Name: Botten, Tanja

CONFIDENTIAL

EMS Agency Name: San Bernardino County Fire Department

Division 11 Admin
1824 W St.
City of San Bernardino, CA
92415
Work: 909-357-1551
Work: 909-829-4441
Work: 760-947-5289
Work: 760-947-8023

Complete ePCR w/attachments

Patient Information		
Name: Botten, Tanja	Age: 43 Years	D.O.B.: 10/21/1977
Address: 17994 CATALPA ST HESPERIA, CA 92345	Gender: Female	Race: White
Is Patient Homeless?: No	Weight: 80 kgEstimate	
Patient's Phone Number	Type	
(999) 999-9999	Home	

Call Type/Location/Disposition	
Call Type: Stab/Gunshot Wound/Penetrating Trauma	Disposition: Transported to Landing Zone, Care Transferred
Resp. Mode: Emergent (Immediate Response)	Primary Role of the Unit: Fire Apparatus, ALS (non-transport)
Response: 911 Response (Scene)	Transport Mode: Emergent (Immediate Response)
	Destination: Loma Linda University Medical Center 11234 Anderson Street Loma Linda, CA 92354
Location: Private Residence/Apartment	*** LZ Location ***: Victor Valley College
Incident Address: 17994 CATALPA ST HESPERIA, CA 92345	Dest. Determ.: Regional Specialty Center
Response Delay: None/No Delay	Transport Delay: None/No Delay

Response Times and Mileage	
PSAP: 02/17/2021 02:58:55	Incident Number: 21-040262
Disp. Notified: 02/17/2021 02:58:55	Call Sign: ME22
Unit Disp.: 02/17/2021 03:52:53	Veh. #: ME22
Enroute: 02/17/2021 03:53:37	
At Scene: 02/17/2021 04:00:35	Dest. Odom: 3
At Patient: 02/17/2021 04:02:00	
Arrive Dest.: 02/17/2021 04:20:00	
Destination PT	
Transfer of Care:	
In Service: 02/17/2021 05:00:20	

Unit Personnel		
Crew Member	Level of Certification	Role
Topete, Carlos	EMT-Paramedic	Primary Patient Caregiver-At Scene
Pendergraft, Jeremy	EMT-Paramedic	Primary Patient Caregiver-At Scene ; Other Patient Caregiver-At Scene
Marshall, Brett	EMT-Basic	Other Patient Caregiver-At Scene

Provider Impression	
Primary Impression: Pain/Swelling - Extremity - non-traumatic	Secondary Impression: Traumatic Injury

Patient Condition		
Complaint Type	Complaint	Duration
Chief (Primary)	Right clavicle, arm and shoulder pain	10 Minutes
Date/Time of Symptom Onset:	02/17/2021 03:52:00	
Primary Symptom:	Pain, Extremity	
Alcohol/Drug Use:	None Reported	
Mechanism of Injury:	Penetrating	
Cause of Injury:	Firearm injury	
Possible Injury:	Yes	
Other Symptoms:	Pain, Chest Wall	
Barriers to Patient Care:	None Noted	
Initial Patient Acuity:	Critical (Red)	
Final Patient Acuity:	Critical (Red)	

Narrative	
Narrative:	Upon arrival found numerous sheriff officers on-scene and MA22 on-scene with 4 GSW victims. Arrived to find our PT was a 43 y/o female GSW victim. Pt was c/o right clavicle, and right shoulder pain. Pt had possible GSW to right shoulder, right side of clavicle and front of neck/ suprasternal notch area. Pt also had an abrasion to her chin. Pt stated pain was 8/10 but was refusing pain meds. MA302 arrived on-scene and pt was loaded into amb due to low visibility and weather at scene. Pt lungs CBL, - SOB, - chest pain, - access muscle use, - JVD. Pt stated she was having some nausea. Pt was loaded onto gurney and into amb. Pt was transported to LZ at VVC. En-route to LZ IV was placed in pt 18g left hand by ME22 medic. Pt vitals remained stable during transport. Secondary assessment was done en-route to LZ by MA302A medic. ME22 medic assisted MA302A medic with on going assessment. ME302A medic made BHC and pt was transported to LZ without changes to pt status. Pt care transferred over to Reach 43 nurse and medic. Pt was taken to LLUMC via Reach 43. All times are estimated. CET

Past Medical History	
Patient Medications	
None Reported	
Medication Allergies	
No Known Drug Allergy	
Medical History:	Pregnancy: No

Unit Notified: 02/17/2021 03:52:53
Incident #: 21-040262

Patient Name: Botten, Tanja
Patient Care Report Number: 5f02ef1e70d64bedaf4a701ce7b673a4

Call #: 21-040262
Date Printed: 03/16/2021 14:58

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Is this patient a suspected PUI? No
Is this patient a confirmed COVID-19? No

Patient Name: Botten, Tanja

EMS Agency Name: San Bernardino County Fire Department

Assessment Exam

Date/Time of Assessment

04:11:06

Assessment Summary

02/17/2021 04:11:06

Location	Description	Detailed Findings Details
Face	Abrasion	Abrasion to chin.
Neck	Gunshot Wound	Poss GSW to suprasternal notch
Shoulder Shoulder-Right:	Bleeding Controlled Gunshot Wound Motor Function-Normal Pain Pulse-Normal Sensation-Normal Tenderness	Poss GSW to right shoulder
Chest/Lungs	Gunshot Wound Breath Sounds-Equal Breath Sounds-Normal-Left Breath Sounds-Normal-Right	Poss GSW to right clavicle

Normal Findings

Skin ; Mental Status ; Neurological ; Head ; Heart ; Pelvis ;

Not Done

Interventions

Procedure Performed Prior to this Units
EMS Care

Procedures

Time	Crew	Name	Location	Size of Equipment	Attempts	Response	Success	Procedure Comments
04:14:21	Topete, Carlos	Venous Access - Extremity Catheterization	Hand-Left	18g	1	Unchanged	Yes	

Vitals

Time	Response PTA (AVPU)	BP	Method of Blood Pressure Measurement	B/Pressure	Patient Position	Airway Pulse Rate	Method Heart Rate	Pulse Quality	Pulse Rhythm	Resp Rate	Resp Reg	Effort	SpO2	Qual	CO2
04:13:11	No Alert	134/91	Cuff-Automated	Cuff-Automated	Sitting	Patent 76	Electronic Monitor - Pulse Oximeter	Normal	Regular	18	Regularly-Regular	Normal	98	At Room Air	
04:21:15	No Alert	139/82	Cuff-Automated	Cuff-Automated	Sitting	Patent 79	Electronic Monitor - Pulse Oximeter	Normal	Regular	18	Regularly-Regular	Normal	97	At Room Air	

Date/Time	Mean Arterial Pressure	Temperature	Temperature Method	Pain Scale Score	Pain Scale Type	Blood Glucose Level
04:13:11	105			8	Numeric (0-10)	
04:21:15	101				Other	

Date/Time Vital Signs Taken	Provoked	Quality	Region	PQRST Pain Scale Score	Duration	Duration Units	PQRST Narrative
04:13:11	Palpation	Burning	Arm	8	10	Minutes	

Date/Time Vital Signs Taken	Cardiac Rhythm / Electrocardiography (ECG)	ECG Type	Method of ECG Interpretation
04:13:11	Sinus Rhythm	4 Lead	
04:21:15	Sinus Rhythm	4 Lead	

Time	Total Glasgow Coma Score	Eye	Motor	Verbal	Score Qualifier
04:13:11	15	4 - Opens Eyes spontaneously (All Age Groups)	6 - Obeys commands (>2Years); Appropriate response to stimulation	5 - Oriented (>2 Years); Smiles, oriented to sounds, follows objects, interacts	Initial GCS has legitimate values without interventions such as intubation and sedation

Unit Notified: 02/17/2021 03:52:53
Incident #: 21-040262

Patient Name: Botten, Tanja
Patient Care Report Number: 5f02ef1e70d64bedaf4a701ce7b673a4

Call #: 21-040262
Date Printed: 03/16/2021 14:58

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04:21:15 15 Patient Name: Botten, Tanja EMS Agency Name: San Bernardino County Fire Department
4 - Opens Eyes spontaneously (All Age Groups) 6 - Obeys commands (>2Years); Appropriate response to stimulation 5 - Oriented (>2 Years); Smiles, oriented to sounds, follows objects, interacts Initial GCS has legitimate values without interventions such as intubation and sedation

Cardiac Arrest

Cardiac Arrest: No

Trauma Detail

Cause of Injury: Firearm injury
Mechanism of Injury: Penetrating
Trauma Center: All penetrating injuries to head, neck, torso, and extremities
Criteria: proximal to elbow or knee
Vehicular, Pedestrian, or Other: Not Applicable
Injury Risk Factor: No
Work-Related: No
Illness/Injury:

Billing Information

Work Related?: No

Signatures

Type of Person Signing: EMS Primary Care Provider (for this event)

Signature Reason: EMS Provider

Paragraph Text:

Status: Signed



Printed Name: Carlos Topete

Date/Time Signature Locked: 02/17/2021 05:00:02

Signature Date:

MCI

Mass Casualty Incident: No

Number of Patients at Scene: Multiple

Valuables

Patient Belongings: None

Unit Notified: 02/17/2021 03:52:53
Incident #: 21-040262

Patient Name: Botten, Tanja
Patient Care Report Number: 5f02ef1e70d64bedaf4a701ce7b673a4

Call #: 21-040262
Date Printed: 03/16/2021 14:58

EMS Agency Name: REACH 13

Patient Name: Dudek-Botten, Tanja

Prehospital Report (V 4.0) Rev Cycle

CONFIDENTIAL

Patient Information		
Name: Dudek-Botten, Tanja	Age: 43 Years	D.O.B.: 10/21/1977
Address: 17994 Catalpa St City of Hesperia, CA 92345	Gender: Female	Race: Not Recorded
Weight: 70 kg	IBW: 75	
Social Security Number: - -		
Medical Record / Registry / MCI Numbers		
Type	ID/Number	
Hospital Medical Record Number - Receiving Facility	9089336	
Mass Casualty Incident: No		
Number of Patients at Scene: Single		

Call Type/Location/Disposition		
Call Type: Medical Transport	Disposition: Patient Treated, Transported by this EMS Unit	
Response Type: (Scene) 911 Response	Urgency: Immediate	Primary Role of the Unit: Air Transport-Helicopter
Location Type: High school	Destination Type: Hospital-Emergency Department	
Incident Address: 18422 Bear Valley Road City of Hesperia, CA 92345 San Bernardino County, United States 34.47,-117.26	Destination: CA-Loma Linda University Medical Center 11234 Anderson Street Loma Linda, CA 92354 San Bernardino County, United States	
Resp. Mode: Emergent (Immediate Response)	Hospital In-Patient Destination: Hospital-Emergency Department	
Response Delay: None/No Delay	Dest. Determ.: Regional Specialty Center	
Scene Delay: None/No Delay	Transport Delay: None/No Delay	
Aircraft land at the Physical Incident Address?: Yes		

Response Times		
PSAP: 02/17/2021 04:09:24	Incident Number: 0321005186A	
Disp. Notified: 02/17/2021 04:09:24	Call Sign: REACH 13	
Unit Disp.: 02/17/2021 04:11:27	Veh. #: N36RX	
Disp. Ackd: 02/17/2021 04:11:34	Complaint Reported by Dispatch: Medical Transport	
Enroute: 02/17/2021 04:17:45		
At Scene: 02/17/2021 04:23:00		
Overhead Landing Zone: 02/17/2021 04:20:00	Care Transferred To (Name/Title): Richard	
At Patient: 02/17/2021 04:24:00	Start Odom:	Mileage To Scene:
Prep Complete: 02/17/2021 04:29:00	Scene Odom:	Mileage To Destination:
Depart/Transport: 02/17/2021 04:33:32	Dest. Odom:	Mileage To End:
Arrive Dest.: 02/17/2021 04:45:59	Ending Odom:	Mileage Total:
Transfer of Care: 02/17/2021 04:55:00		
In Service: 02/17/2021 05:12:01		
In Quarters: 02/17/2021 05:27:44		

Ground Intercept		
Was Ground Transportation used for the ENTIRE transport of the patient?: No	Was Ground Transportation used to move the patient from the INCIDENT SCENE/FACILITY to the AIRCRAFT?: Yes	Was Ground Transportation used to move the patient from the AIRCRAFT to the DESTINATION FACILITY?: No
Ambulance Service Name that provided Transport from Incident Location to Aircraft?: SBcoFD		
Ambulance Service Mileage (Incident Location to Aircraft): 3		

Unit Notified: 02/17/2021 04:11:27
CAD #: 0321005186A

Patient Name: Dudek-Botten, Tanja

Date Printed: 03/08/2021 22:09
Call #: 0321005186A

CONFIDENTIAL

ID #:1006

CONFIDENTIAL

EMS Agency Name: REACH 13
 Ambulance Service MA 302A
 Unit Number
 (Incident Location to Aircraft):

Patient Name: Dudek-Botten, Tanja

Unit Personnel		
Crew Member	Level of Certification	Role
P36049	Paramedic	Primary Patient Caregiver-At Scene ; Primary Patient Caregiver-Transport
Berryman, Megan	Registered Nurse	Primary Patient Caregiver-At Scene ; Primary Patient Caregiver-Transport
PILOT118036	Pilot	Pilot

Provider Impression	
Primary Impression: Pain	Secondary Impression: Traumatic Injury

Narrative
Narrative: REACH 13 responded to victor valley college for a scene flight rendezvous request. Upon arrival crew found a 43 year old Female weighing approx. 70kg, A&Ox4 in moderate distress complaining of right shoulder pain/burning sensation secondary to possible gunshot wound. The patient states she was standing in front of her screen door inside her house when she heard gun fire and immediately felt pain in her arm. Secondary assessment reveals small wound to midline chest, small wound to right shoulder and small wound to chin. No active bleeding noted, no other complaints of pain or distress. REACH 13 was dispatched to expedite transport to loma linda trauma center.

Patient Condition			
Date/Time of Symptom Onset:		02/17/2021 03:45:04	
Complaint Type		Complaint	Duration
Chief (Primary)		Right Shoulder Pain	20 Minutes
Primary Symptom:	Pain in arm, unspecified		
Alcohol/Drug Use:	None Reported		
Initial Patient Acuity:	Critical - Life Threatening Condition		Final Patient Acuity: Critical - Life Threatening

Cardiac Arrest
Cardiac Arrest: No

Trauma	
Possible Injury: Yes	Cause of Injury: Accidental airgun, paintball gun, gas or spring-operated gun or firearm
Mechanism of Injury: Penetrating	Trauma Center: All penetrating injuries to head, neck, torso, and extremities
	Criteria: proximal to elbow or knee

Assessment Exam
Exams
Date/Time of Assessment
04:24:47

Assessment Summary		
02/17/2021 04:24:47		
Location	Description	Detailed Findings Details
Skin	Normal Capillary Nail Bed Refill 2-4 seconds Warm Dry	
Mental Status	Normal Baseline for Patient Oriented-Person Oriented-Event Oriented-Time Oriented-Place	
Neurological	Normal Baseline for Patient Cerebellar Function-Normal Gait-Normal Strength-Normal	
Head	Normal	Normocephalic with no trauma noted.
Face	Normal Puncture/Stab Wound	Small puncture wound to chin, no active bleeding.
Eye Bilateral:	Reactive 2-mm PERRL	
Neck	Normal	Trachea midline, no trauma or DCAPBTLs noted. Airway patent.
Shoulder		

Unit Notified: 02/17/2021 04:11:27
 CAD #: 0321005186A

Patient Name: Dudek-Botten, Tanja

Date Printed: 03/08/2021 22:09
 Call #: 0321005186A

CONFIDENTIAL

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ID #:1007

CONFIDENTIAL

EMS Agency Name: REACH 13

Patient Name: Dudek-Botten, Tanja

Shoulder-Right:	Normal	Small puncture wound noted to with no active bleeding.
Chest/Lungs	Normal Breath Sounds-Normal-Left Breath Sounds-Normal-Right Puncture/Stab Wound	Small puncture wound noted to midline chest, no active bleeding. Lungs clear and equal bilaterally with equal chest rise & fall. Chest wall stable and intact.
Heart	Normal S1 S2	
Abdomen Generalized:	Normal	No trauma or DCAPBTLs noted. Soft and non-rigged with no rebound tenderness or swelling.
Pelvis	Normal	Stable and intact with no trauma noted.
Hip		
Upper Leg		
Knee Knee-Left: Knee-Right:	Normal Pulse-Normal Normal Pulse-Normal	
Lower Leg		
Ankle		
Foot		
Upper Arm		
Elbow Elbow-Left: Elbow-Right:	Normal Pulse-Normal Normal Pulse-Normal	
Forearm		
Wrist Wrist-Left: Wrist-Right:	Normal Pulse-Normal Normal Pulse-Normal	
Hand Hand-Dorsal-Left:	Normal	18G PIV placed PTA. Flushes well without infiltration.
Back/Spine Back-General:	Normal	No trauma or DCAPBTLs noted.

Normal Findings

Eye (Bilateral) ; Shoulder (Shoulder-Left, Shoulder-Right) ; Abdomen (Generalized) ; Hip (Hip-Left, Hip-Right) ; Upper Leg (Leg-Upper-Left, Leg-Upper-Right) ; Knee (Knee-Left, Knee-Right) ; Lower Leg (Leg-Lower-Left, Leg-Lower-Right) ; Ankle (Ankle-Left, Ankle-Right) ; Foot (Foot-Dorsal-Left, Foot-Dorsal-Right, Foot-Plantar-Left, Foot-Plantar-Right, Toe-1st (Big)-Left, Toe-1st (Big)-Right, Toe-2nd-Left, Toe-2nd-Right, Toe-3rd-Left, Toe-3rd-Right, Toe-4th-Left, Toe-4th-Right, Toe-5th (Smallest)-Left, Toe-5th (Smallest)-Right) ; Upper Arm (Arm-Upper-Left, Arm-Upper-Right) ; Elbow (Elbow-Left, Elbow-Right) ; Forearm (Forearm-Left, Forearm-Right) ; Wrist (Wrist-Left, Wrist-Right) ; Hand (Finger-2nd (Index)-Left, Finger-2nd (Index)-Right, Finger-3rd (Middle)-Left, Finger-3rd (Middle)-Right, Finger-4th (Ring)-Left, Finger-4th (Ring)-Right, Finger-5th (Smallest)-Left, Finger-5th (Smallest)-Right, Hand-Dorsal-Left, Hand-Dorsal-Right, Hand-Palm-Left, Hand-Palm-Right, Thumb-Left, Thumb-Right) ; Back/Spine (Back-General) ;

Not Done**Exams Details**Head Exam
Details

Face Exam Details

Neck Exam Details

Chest Exam Details

Pelvis Exam
DetailsUnit Notified: 02/17/2021 04:11:27
CAD #: 0321005186A

Patient Name: Dudek-Botten, Tanja

Date Printed: 03/08/2021 22:09
Call #: 0321005186A

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ID #:1008

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EMS Agency Name: REACH 13

Patient Name: Dudek-Botten, Tanja

Normocephalic with no trauma noted.	Small puncture wound to chin, no active bleeding.	Trachea midline, no trauma or DCAPBTLs noted. Airway patent.	Small puncture wound noted to midline chest, no active bleeding. Lungs clear and equal bilaterally with equal chest rise & fall. Chest wall stable and intact.	Stable and intact with no trauma noted.
-------------------------------------	---	--	--	---

Past Medical History

Current Medications

Medication	Dosage	Route
None Reported		

Medication Allergies

Medication Allergies
No Known Drug Allergy

Medical History Obtained From: Patient
Advance Directives: None

Medical History: None Reported

Pregnancy: No

Vitals

Time	PTA	Crew	BP	MAP	BP Loc	BP Method	HR	Quality	Vitals Pulse Rhythm	HR Method	Resp	Effort	SPO2	SPO2 Qualifier
04:32:41		P36049	138 / 71	93	Left Arm	Cuff-Automated	66	Normal	Regular	Electronic Monitor - Cardiac	16	Normal	98	At Room Air
04:38:52		P36049	127 / 75	92	Left Arm	Cuff-Automated	67	Normal	Regular	Electronic Monitor - Cardiac	16	Normal	99	At Room Air
04:45:15		P36049	124 / 79	94	Left Arm	Cuff-Automated	76	Normal	Regular	Electronic Monitor - Cardiac	20	Normal	100	At Room Air
	Yes	P36049	139 / 82	101	Left Arm	Cuff-Automated	74	Normal	Regular	Electronic Monitor - Cardiac	22	Normal	100	At Room Air

Vitals

Time	PTA	Crew	Pain Score	Temp	EKG
04:32:41		P36049	6 Numeric	37.2 Skin Probe	Normal Sinus Rhythm
04:38:52		P36049	5 Numeric	37.2 Skin Probe	Normal Sinus Rhythm
04:45:15		P36049	3 Numeric	37.2 Skin Probe	Normal Sinus Rhythm
	Yes	P36049	4 Numeric		Normal Sinus Rhythm

Glasgow Coma Score

Time	PTA	Crew	GCS Score	Eye	Verbal	Motor	GCS Qualifier
04:32:41		P36049	15	4 - Opens Eyes spontaneously	5 - Oriented (>2 Years); Smiles, oriented to sounds, follows objects, interacts	6 - Obeys commands (>2Years); Appropriate response to stimulation	GCS has legitimate values without interventions
04:38:52		P36049	15	4 - Opens Eyes spontaneously	5 - Oriented (>2 Years); Smiles, oriented to sounds, follows objects, interacts	6 - Obeys commands (>2Years); Appropriate response to stimulation	GCS has legitimate values without interventions
04:45:15		P36049	15	4 - Opens Eyes spontaneously	5 - Oriented (>2 Years); Smiles, oriented to sounds, follows objects, interacts	6 - Obeys commands (>2Years); Appropriate response to stimulation	GCS has legitimate values without interventions
	Yes	P36049	15	4 - Opens Eyes spontaneously	5 - Oriented (>2 Years); Smiles, oriented to sounds, follows objects, interacts	6 - Obeys commands (>2Years); Appropriate response to stimulation	GCS has legitimate values without interventions

Revised Trauma Score

Date/Time Vital Signs Taken	Revised Trauma Score
04:32:41	12
04:38:52	12
04:45:15	12
	12

Treatment

Medications

Time	PTA	Crew	MED	Dosage	Route	Response	Medication Authorization	Complication
	Yes	Other, Pre-Hospital Personnel	Normal saline	10 Milliliters (ml)	Intravenous (IV)			
04:37:22	No	Berryman, Megan	Fentanyl	50 Micrograms (mcg)	Intravenous (IV)	Improved	Protocol (Standing Order)	None

Medications

Time	PTA	Crew	Comments
	Yes	Other, Pre-Hospital Personnel	Saline Flush

Medication Time Out (including patient 8 rights) practiced for all medication administrations: Yes

Procedural Time Out performed for all procedures: correct pt, correct site, agree procedure needs to: Yes

Procedures

Time	PTA	Crew	Procedure	Vascular Access Location	Size of Equipment	Attempts	Success
	Yes	Other, Pre-Hospital Personnel	Venous Access - Saline Lock	Hand-Left	18	1	Yes

Fluid Intake and Output

Intake
IV Fluids Referring: 0
Output
Total Fluids In: 0
IV Fluids Transport: 0

Transport Information

Flight Information

Flight Info Date	Altitude	Ambient Temp C	Lines Recalibrated Altitude	Lines Recalibrated Landing	Patient Hearing Protection
04:40:07	6500	7.22	No	No	Yes

Personal Protective Equipment (PPE) used during this incident?: Yes

Unit Notified: 02/17/2021 04:11:27
CAD #: 0321005186A

Patient Name: Dudek-Botten, Tanja

Date Printed: 03/08/2021 22:09
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EMS Agency Name: REACH 13

Patient Name: Dudek-Botten, Tanja

Patient Supply Items

Item Used

Surgical Mask

Gloves

Does the patient display/complain of ANY of the following symptoms? -Respiratory Symptoms,-Cough,-Sh: No

Patient Transport/Positioning

Patient's Position in Transport: Semi-Fowlers

Patient Moved to Aircraft/Ambulance: Stretcher

Patient Belongings: ID Card/License; Wallet/Purse

Patient Moved From Aircraft/Ambulance: Stretcher

Patient Belongings Left With: At Destination with Patient

Billing Information

Payment: No Insurance Identified

Time Notes

Time Notes :: 0424: Patient contact made in back of MA 302A. Introductions made and initial assessment completed as documented. Received hospital rotation of LLUMC.
0429: Prep completed, patient secured to flight gurney and wrapped in lifeblanket for warmth. Loaded and locked into AC, hearing protection provided for flight.
0433: Lifted from scene without incident en-route to LLUMC.
0437: 50mcg Fentanyl given for pain with (+) results. LLUMC contacted with updated ETA and patient report.
0445: Landed at LLUMC without incident. Patient unloaded from AC. Assessment findings remain unchanged.
0455: Patient care and report transferred to ER RN Richard with updated vitals. No change in patients mentation, GCS 15 and pain score of 3.

Timeline

Unit Notified: 02/17/2021 04:11:27
CAD #: 0321005186A

Patient Name: Dudek-Botten, Tanja

Date Printed: 03/08/2021 22:09
Call #: 0321005186A

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ID #:1010

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EMS Agency Name: REACH 13

Patient Name: Dudek-Botten, Tanja

Timeline:	Time	Type	Details	Crew Member
	02/17/2021 03:45:04	Symptom onset		
	02/17/2021 04:09:24	PSAP Call		
	02/17/2021 04:09:24	Dispatch Notified		
	02/17/2021 04:11:27	Unit Notified by Dispatch		
	02/17/2021 04:11:34	Dispatch Acknowledged		
	02/17/2021 04:17:45	Unit En Route		
	02/17/2021 04:20:00	Arrival at Overhead Landing Zone		
	02/17/2021 04:23:00	Unit Arrived on Scene		
	02/17/2021 04:24:00	Arrived at Patient		
	02/17/2021 04:24:47	Exam		P36049
	02/17/2021 04:29:00	Depart Bedside		
	02/17/2021 04:32:41	Vitals	BP: 138/71 Method of BP: Cuff-Automated Limb: Left Arm Pulse: 66 Pulse Rate Method: Electronic Monitor - Cardiac Rhythm: Regular Cardiac Rhythm: Normal Sinus Rhythm Resp: 16 Effort: Normal SPO2: 98 SPO2 Qual: At Room Air GCS Eye: 4 - Opens Eyes spontaneously GCS Verbal: 5 - Oriented (>2 Years); Smiles, oriented to sounds, follows objects, interacts GCS Motor: 6 - Obeys commands (>2Years); Appropriate response to stimulation GCS Qualifier: GCS has legitimate values without interventions GCS Total: 15 Pain: 6 ECG Type: 4 Lead Mean Arterial Pressure: 93 Temperature: 37.2°C/99.0°F Temperature Method: Skin Probe Pain Scale Type: Numeric RTS: 12	P36049
	02/17/2021 04:33:32	Unit Left Scene		
	02/17/2021 04:37:22	Fentanyl	Dosage: 50 Micrograms (mcg) Route: Intravenous (IV) Response: Improved PTA: No	Berryman, Megan
	02/17/2021 04:38:52	Vitals	BP: 127/75 Method of BP: Cuff-Automated Limb: Left Arm Pulse: 67 Pulse Rate Method: Electronic Monitor - Cardiac Rhythm: Regular Cardiac Rhythm: Normal Sinus Rhythm Resp: 16 Effort: Normal SPO2: 99 SPO2 Qual: At Room Air GCS Eye: 4 - Opens Eyes spontaneously GCS Verbal: 5 - Oriented (>2 Years); Smiles, oriented to sounds, follows objects, interacts GCS Motor: 6 - Obeys commands (>2Years); Appropriate response to stimulation GCS Qualifier: GCS has legitimate values without interventions GCS Total: 15 Pain: 5 ECG Type: 4 Lead Mean Arterial Pressure: 92 Temperature: 37.2°C/99.0°F Temperature Method: Skin Probe Pain Scale Type: Numeric RTS: 12	P36049
	02/17/2021 04:40:07	Flight Information		
	02/17/2021 04:45:15	Vitals	BP: 124/79 Method of BP: Cuff-Automated Limb: Left Arm Pulse: 76 Pulse Rate Method: Electronic Monitor - Cardiac Rhythm: Regular Cardiac Rhythm: Normal Sinus Rhythm Resp: 20 Effort: Normal SPO2: 100 SPO2 Qual: At Room Air GCS Eye: 4 - Opens Eyes spontaneously GCS Verbal: 5 - Oriented (>2 Years); Smiles, oriented to sounds, follows objects, interacts GCS Motor: 6 - Obeys commands (>2Years); Appropriate response to stimulation GCS Qualifier: GCS has legitimate values without interventions GCS Total: 15 Pain: 3 ECG Type: 4 Lead Mean Arterial Pressure: 94 Temperature: 37.2°C/99.0°F Temperature Method: Skin Probe Pain Scale Type: Numeric RTS: 12	P36049
	02/17/2021 04:45:59	Patient Arrived at Destination		
	02/17/2021 04:55:00	Destination Patient Transfer of Care		
	02/17/2021 05:12:01	Unit Back in Service		
	02/17/2021 05:27:44	Unit Back at Home Location		
	02/17/2021 06:26:57	Signature	Type: Crew Member Reason: EMS Provider Name: Wolfe, Sean	P36049
	02/17/2021 06:42:18	Signature	Type: Crew Member Reason: EMS Provider Name: Berryman, Megan	Berryman, Megan
	--:--	External Record Number		
	--:--	Vitals	BP: 139/82 Method of BP: Cuff-Automated Limb: Left Arm Pulse: 74 Pulse Rate Method: Electronic Monitor - Cardiac Rhythm: Regular Cardiac Rhythm: Normal Sinus Rhythm Resp: 22 Effort: Normal SPO2: 100 SPO2 Qual: At Room Air GCS Eye: 4 - Opens Eyes spontaneously GCS Verbal: 5 - Oriented (>2 Years); Smiles, oriented to sounds, follows objects, interacts GCS Motor: 6 - Obeys commands (>2Years); Appropriate response to stimulation GCS Qualifier: GCS has legitimate values without interventions GCS Total: 15 Pain: 4 PTA: Yes ECG Type: 4 Lead Mean Arterial Pressure: 101 Pain Scale Type: Numeric RTS: 12	P36049
	--:--	Venous Access - Saline Lock	Size: 18 No. of Attempts: 1 Success: Yes	Other, Pre-Hospital Personnel
	--:--	Normal saline	Dosage: 10 Milliliters (ml) Route: Intravenous (IV) PTA: Yes Comment: Saline Flush	Other, Pre-Hospital Personnel

Signatures

Type of Person Signing: Crew Member

Signature Reason: EMS Provider

Paragraph Text:

Status:

Type of Person Signing: Crew Member

Signature Reason: EMS Provider

Paragraph Text:

Status:

Unit Notified: 02/17/2021 04:11:27
CAD #: 0321005186A

Patient Name: Dudek-Botten, Tanja

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EMS Agency Name: REACH 13

Patient Name: Dudek-Botten, Tanja



Printed Name: Sean Wolfe

Signature Date: 02/17/2021 06:26:57



Printed Name: Megan Berryman

Signature Date: 02/17/2021 06:42:18

Unit Notified: 02/17/2021 04:11:27
CAD #: 0321005186A

Patient Name: Dudek-Botten, Tanja

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Call #: 0321005186A

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EMS Agency Name: REACH 13

Patient Name: Dudek-Botten, Tanja

Attachments

File Name: 0321005186A_000048

Modified By: Sean Wolfe

Modified On: 02/17/2021 08:46:10

Unit Notified: 02/17/2021 04:11:27
CAD #: 0321005186A

Patient Name: Dudek-Botten, Tanja

Date Printed: 03/08/2021 22:09
Call #: 0321005186A

ID #:1013

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EMS Agency Name: REACH 13

Patient Name: Dudek-Botten, Tanja

Ambulance Billing Authorization Form – SUPPLIERS – (Revision date 5/26/2016)

This authorization is valid for any AMGH supplier involved in the transport(s), including any combined shuttle transport, provided for this date of service

Patient Name: Tanja Dudek-Botten Transport Date: 2/17/21 Call # (s): 03-21-005186A

The person signing below in section I or II only, (for himself/herself as the patient or as the legal representative, or surrogate for consent to treatment, on behalf of the patient named above): (1) acknowledges that the medical care furnished to the patient was actually received and was limited solely to emergency treatment and transportation; (2) authorizes such medical treatment and transportation as being medically necessary; (3) authorizes the submission of a claim for payment to Medicare, Medicaid or any other payer for any services provided by the Supplier, now or in the past or in the future and authorizes and directs any holder of medical information or documentation, to include city, county and state accident or incident reports about the patient to release such information to Supplier, its billing agents, CMS, its carriers and agents and/or any other payers or insurers as may be appropriate to determine any benefits payable for these or any other medical services provided to the patient by Supplier now or in the future; (4) requests that payment of authorized Medicare, Medicaid or any other insurance benefits be made on the patient's behalf directly to Supplier for any medical services provided to the patient by Supplier now or in the future, and, to the extent permitted, assigns all rights to (and related or associated with) such payments to Supplier, including but not limited to the right to file appeals, grievances, complaints, litigation, or arbitration relating to a claim for payment, as well as all rights to recover expenses or fees incurred for pursuing the claim and all rights, statutory or contractual, to any additional recovery such as treble damages, punitive damages, or penalties; (5) authorizes any law firm appointed by Supplier to file the appeals, grievances, complaints, litigation, or arbitration referred to in point (4); (6) agrees that the patient is financially responsible for, and obligated to pay, the amount charged by Supplier for the medical services, including any amount that is not paid by any applicable insurance (unless Supplier is a contracted network provider for such applicable insurance, in which case any applicable co-pay, coinsurance, or deductible is owed); (7) agrees to use his/her best efforts to cooperate with, and to assist, Supplier in receiving payment in full for the medical services provided to the patient by Supplier; (8) Supplier any payments received directly from an insurer or any source whatsoever for the medical services provided to the patient by Supplier; (9) designates Supplier to act as patient's "authorized representative" under 29 C.F.R. §2560.503-1(b)(4) and the Employee Retirement Income Security Act of 1974 (and any other applicable statutory or common law, rule or regulation), with respect to all aspects of patient's claim (Claim) for benefits under any applicable benefit or welfare plan for payment of the medical services rendered to patient by Supplier; directs patient's benefit or welfare plan and those who administer it, or those who communicate with participants and beneficiaries regarding claims for benefits, to communicate directly with Supplier regarding the Claim and payment of benefits relating to the Claim; and agrees that, as an integral part of pursuing the Claim (or an appeal of an adverse benefit determination) to its conclusion, Supplier shall receive any and all original information and notices, including without limitation checks or other forms of payment which are made to or on behalf of patient, or to which patient is entitled, with respect to the Claim (only copies may be sent to patient); (9) agrees that Supplier is not liable for any personal items that are lost or damaged during patient transport; (10) agrees that if collection proceedings take place, all Supplier legal costs (including attorney fees) are the responsibility of the patient; (11) agrees that the provisions of this agreement are severable; and (12) agrees that a copy of this document is valid as an original for all purposes.

Supplier: REACH Air Medical Services, LLC & its subsidiaries

SECTION I - PATIENT SIGNATURE: Patient must sign here unless physically or mentally incapable of signing. If patient signs with an "X" or other mark, it is recommended that someone sign below as a witness.

X _____ Date _____ X _____ Date _____
Patient Signature or Mark Witness Signature

SECTION II - AUTHORIZED REPRESENTATIVE SIGNATURE: Complete this section only if the patient is physically or mentally incapable of signing.

*On the line below, explain the circumstances that make it impractical for the patient to sign:

REASON:

I am signing on behalf of the patient to authorize the submission of a claim for payment to Medicare, Medicaid or any other payer for any services provided to the patient by Supplier (named above) now or in the past (or in the future, where permitted). By signing below, I acknowledge that I am one of the authorized signers listed below. **Unless I am the legal guardian as indicated below, my signature is not an acceptance of financial responsibility for the services rendered.**

Authorized representatives include only the following individuals:

- ☐ Minor patient's legal guardian
☐ Patient's legal guardian
☐ Relative or other person who receives social security or other governmental benefits on behalf of the patient
☐ Relative or other person who arranges for the patient's treatment or exercise other responsibility for the patient's affairs
☐ Representative of an agency or institution (referring hospital facility) that did not furnish the services for which payment is claimed (i.e., ambulance services) but furnished other care, services, or assistance to the patient

X _____ Date _____ Printed Name of Representative
Representative Signature

SECTION III - AMBULANCE CREW AND RECEIVING FACILITY SIGNATURES: Complete this section only if: (1) patient was physically or mentally incapable of signing, and (2) no authorized representative (Section II) was available or willing to sign on behalf of patient at the time of service.

A. Ambulance Crew Member Statement (must be completed by crewmember at time of transport) ☒ Scene Transport ☐ Interfacility Transport
 My signature below indicates that, at the time of service, the patient named above was physically or mentally incapable of signing, and that none of the authorized representatives listed in Section II of this form were available or willing to sign on the patient's behalf.

In the event the patient expired, name of person/facility cancelling transport:

Name and Location of Receiving Facility: Loma Linda University Medical Center, Loma Linda, CA Time at Receiving Facility: 0455
 X Megan Berryman RN Date 2/17/21 Printed Name and Title of Crewmember

B. Receiving Facility Representative Signature

The patient named on this form was received by this facility at the date and time indicated above. **My signature is not an acceptance of financial responsibility for the services rendered to this patient.**

X Richard Fenn RN Date 2/17/21 Printed Name and Title of Receiving Facility Representative

OR Secondary Documentation: If no facility representative signature is obtained above, the ambulance crew should obtain the receiving facility Face Sheet and/or the Patient Care report (signed by a receiving facility representative) that indicated that the patient was transported to that facility by ambulance on the date and time indicated above. The release of this information to the ambulance service is expressly permitted by § 164.506(c) of HIPAA.

Unit Notified: 02/17/2021 04:11:27
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Patient Name: Dudek-Botten, Tanja

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ID #:1014

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EMS Agency Name: REACH 13

Patient Name: Dudek-Botten, Tanja

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CAD #: 0321005186A

Patient Name: Dudek-Botten, Tanja

Date Printed: 03/08/2021 22:09
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EMS Agency Name: REACH 13

Patient Name: Dudek-Botten, Tanja



LOMA LINDA UNIVERSITY
MEDICAL CENTER

Loma Linda University Medical Center

11234 Anderson St
Loma Linda, CA 92354

EIN#: 95-3522679 - NPI#: 1912914821

DOE, PHOENIXVILLE HUNTER



Patient ID: 9089336

Hosp Acct ID: 34416823

Private? Strict confidentiality

Fin. Class: Self-pay

DEMOGRAPHICS

Street:

City/St/ZIP:

Phone:

Mobile Phone: No Mobile Phone

Marital Status:

Religion:

Clergy Visit:

Race:

DOB: 2/17/1976 (45 yrs)

Age: 45 yrs

Sex: Female

Interpreter Needed:

Language:

Ethnicity:

ADMISSION INFORMATION

Adm Date:

Patient Class: Emergency

Adm Source:

Admitting Provider:

Unit: MC EMERGENCY

Observation Time: N/A N/A

Adm Diagnosis: No admission diagnoses are documented for this encounter.

Procedure: No admission procedures for hospital encounter.

Comment: No comment available

Disch Date:

Disch Disp:

Advanced Directive Status: <no information>

Adm Time:

Service: Emergency - adult

Adm Type: Emergency

Attending Provider: No att. providers found

Room/Bed: Adult01/A-01

Disch Time:

Est Length of Stay:

EMERGENCY CONTACTS

Name	Home Phone	Work Phone	Mobile Phone	Relationship	Lgl Grd
------	------------	------------	--------------	--------------	---------

GUARANTOR INFORMATION

Acct ID - Guarantor

104275640 - DOE,PHOENIX*

Home Phone

Work Phone

Relationship

Self

Acct Type

P/F

COVERAGE INFORMATION

Payor/Plan

Subscriber Name

Rel

Member #

Group #

PROVIDER INFORMATION

PCP:

Ref: No ref. provider found

Phone #

None

N/A

Address

Unit Notified: 02/17/2021 04:11:27
CAD #: 0321005186A

Patient Name: Dudek-Botten, Tanja

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ID #:1016

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EMS Agency Name: REACH 13

Patient Name: Dudek-Botten, Tanja

Unit Notified: 02/17/2021 04:11:27
CAD #: 0321005186A

Patient Name: Dudek-Botten, Tanja

Date Printed: 03/08/2021 22:09
Call #: 0321005186A

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EMS Agency Name: REACH 13

Patient Name: Dudek-Botten, Tanja

REACH
Air Medical Services

2360 Becker Boulevard, Santa Rosa, CA 95403
Tel: 707 324 2400 Fax: 707 324 2478 Dispatch: 800 338 4045

EC135 49753

Date 02/17/2021 REACH R13
A/C # N36RX A/C Type EC 135
Pilot FILBAU Crew PERKINS Crew WOLFE

MAX. WT.
2910 kgs

BASIC WT.*

	LOCATION	HOBBS TIME	FLT. TIME LEG IFR D/N	MILEAGE	ARR TIME	DEP TIME	FUEL WT	TK OFF WT	TK OFF CG	MX ALLOW FWD CG	MX ALLOW AFT CG	TER OB ALT	XFR	SC
Depart	KVCV	5000.9				05:15	755	755	4301	4221	4390	4400		
VD	KN	5000.0	1	N	05:23	05:31	755	755	4301	4221	4390	4400		
VD	KN	5001.3	3	N	05:46	05:07	140	766	4311	4217	4403	4400		
VD	Base	5001.6	3	N	05:48									
VD														
VD														
VD														
VD														
	TOTALS	17	3/N									MAX ALT. 6500		

CREW/PASSENGER		LEG							
NAME	WT.	1	2	3	4	5	6	7	8
FL	105	2	2	2					
MB	77	1	3	1					
SW	78	4	1	4					
PA	100	1	5	1					

N1 09/6/1983 N2 08/17/2001 NP 15/6/2007

REMARKS

2 4 6

1 3 5

For each leg, note seat position for each crew member and passenger as indicated in diagram.

RM 2000A - EC 135 (05/19)

Unit Notified: 02/17/2021 04:11:27
CAD #: 0321005186A

Patient Name: Dudek-Botten, Tanja

Date Printed: 03/08/2021 22:09
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ID #:1018

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EMS Agency Name: REACH 13

Patient Name: Dudek-Botten, Tanja

Unit Notified: 02/17/2021 04:11:27
CAD #: 0321005186A

Patient Name: Dudek-Botten, Tanja

Date Printed: 03/08/2021 22:09
Call #: 0321005186A

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EMS Agency Name: REACH 13

Patient Name: Dudek-Botten, Tanja

ID #:1020

CONFIDENTIAL

EMS Agency Name: REACH 13

Patient Name: Dudek-Botten, Tanja

Unit Notified: 02/17/2021 04:11:27
CAD #: 0321005186A

Patient Name: Dudek-Botten, Tanja

Date Printed: 03/08/2021 22:09
Call #: 0321005186A

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EMS Agency Name: REACH 13

Patient Name: Dudek-Botten, Tanja

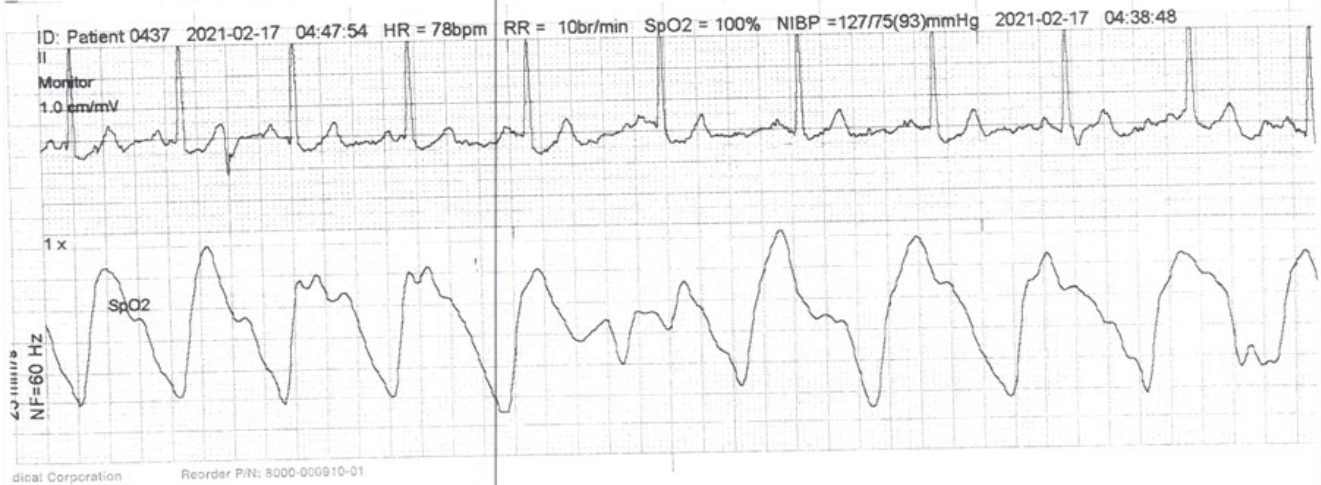
EKG Strip

Patient's Name (Last, First): ~~Dudek-Botten, Tanja~~
CAD #: 03-21-005186A

Transport Date:
2/17/21

Attach EKG Strip Below:

NSR



Unit Notified: 02/17/2021 04:11:27
CAD #: 0321005186A

Patient Name: Dudek-Botten, Tanja

Date Printed: 03/08/2021 22:09
Call #: 0321005186A

CONFIDENTIAL

ID #:1022

CONFIDENTIAL

EMS Agency Name: REACH 13

Patient Name: Dudek-Botten, Tanja

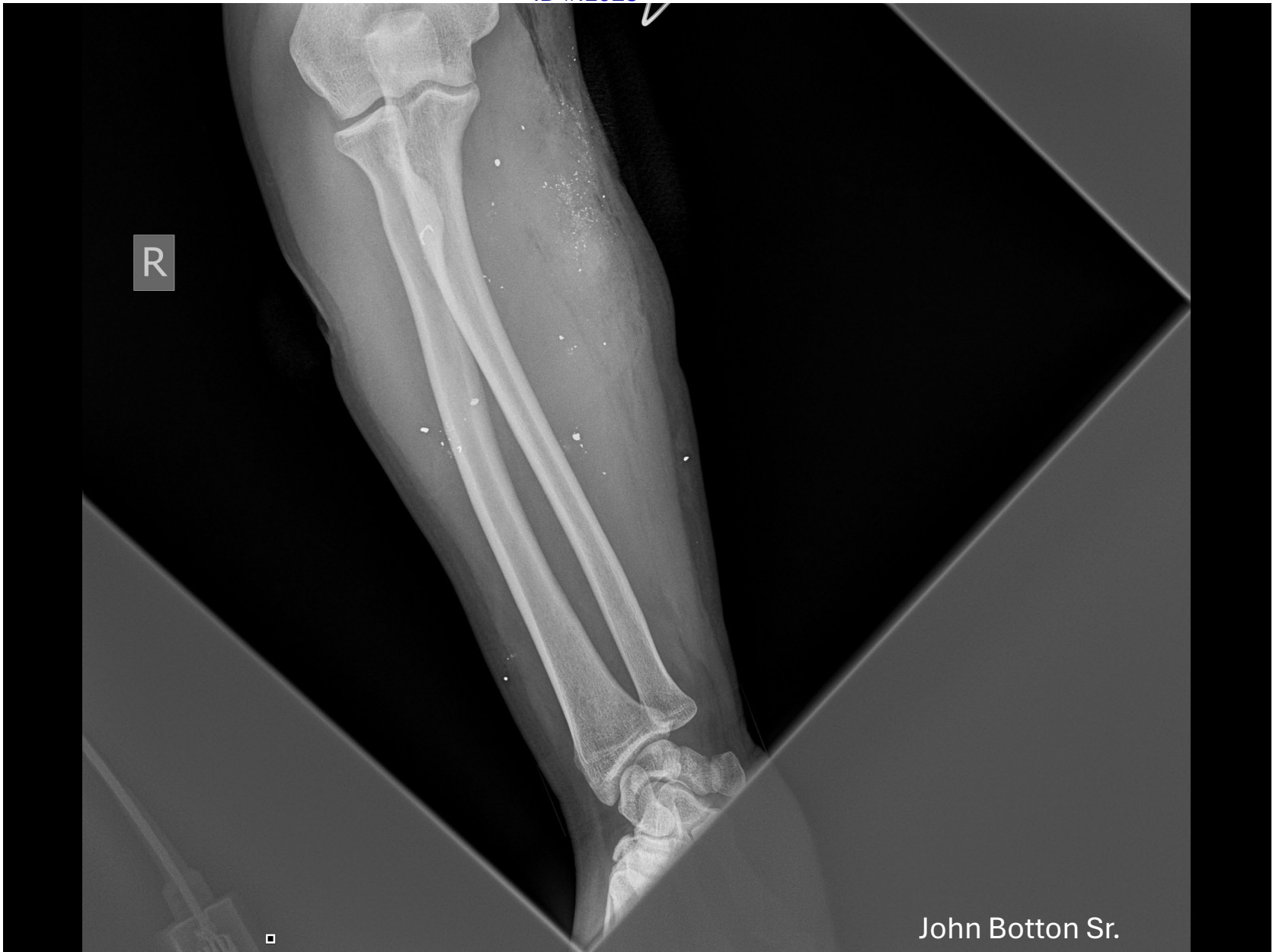
EKG

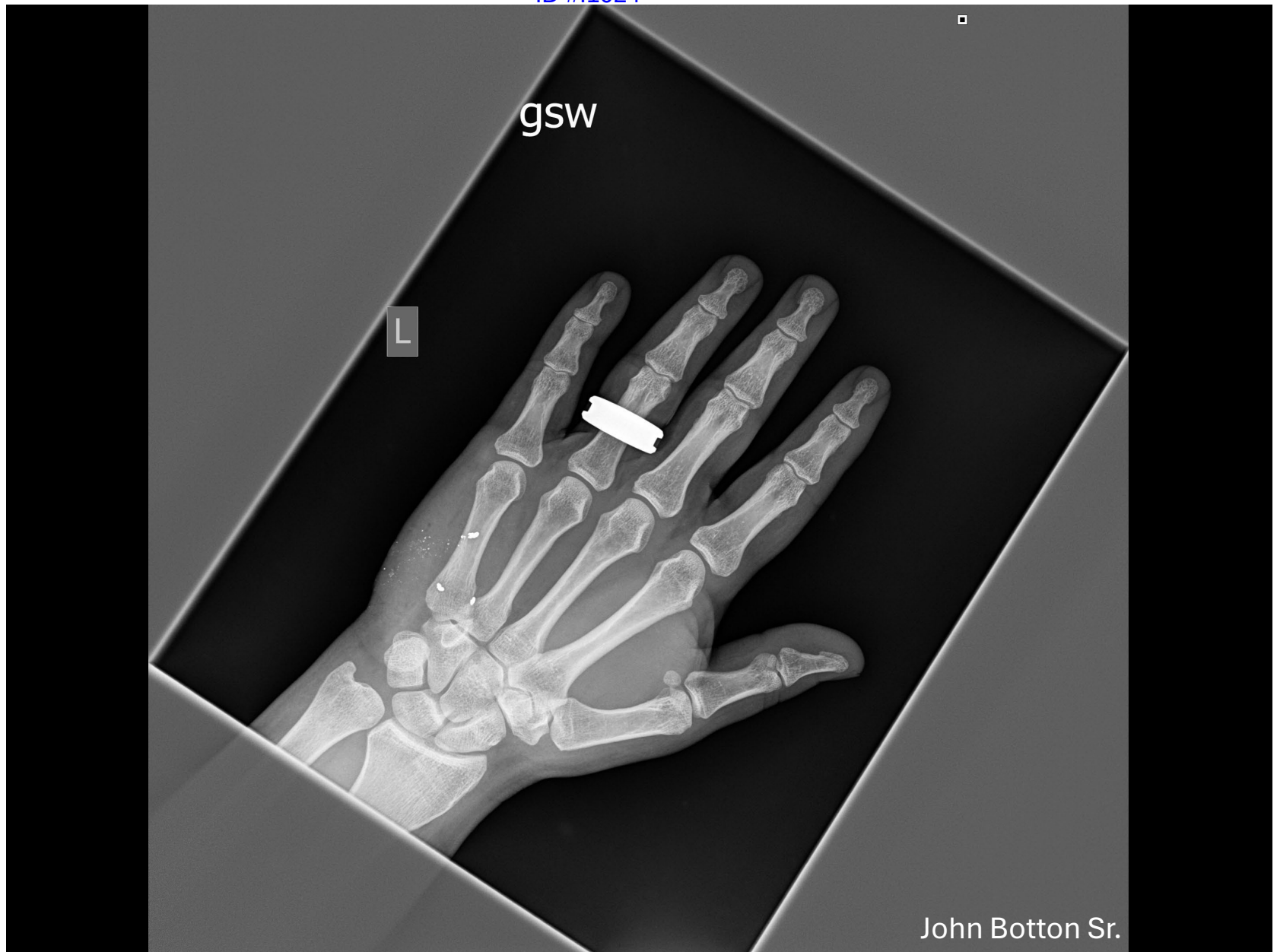
Unit Notified: 02/17/2021 04:11:27
CAD #: 0321005186A

Patient Name: Dudek-Botten, Tanja

Date Printed: 03/08/2021 22:09
Call #: 0321005186A

CONFIDENTIAL





John Botton Sr.

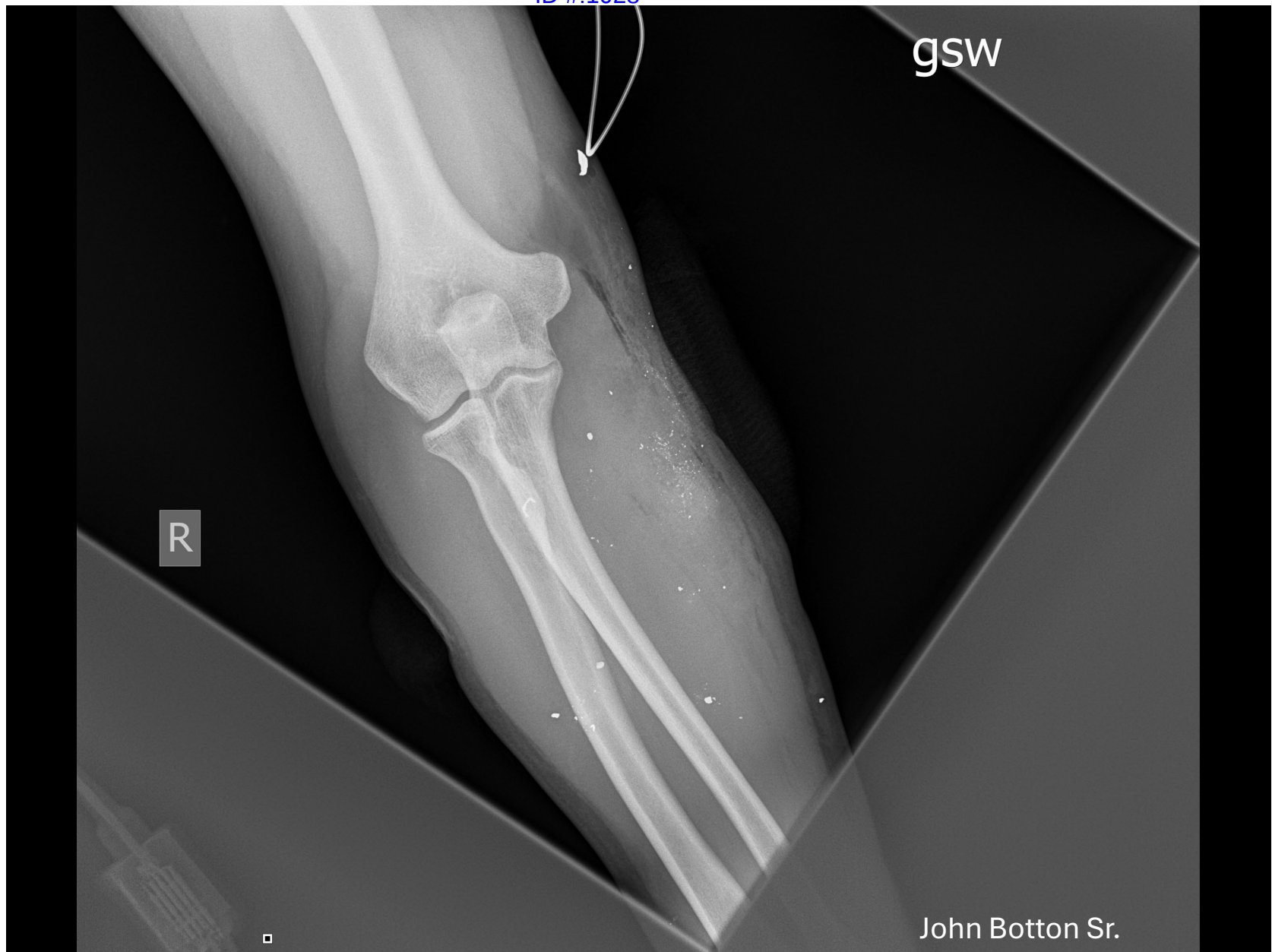


John Botton Sr.



John Botton Sr.

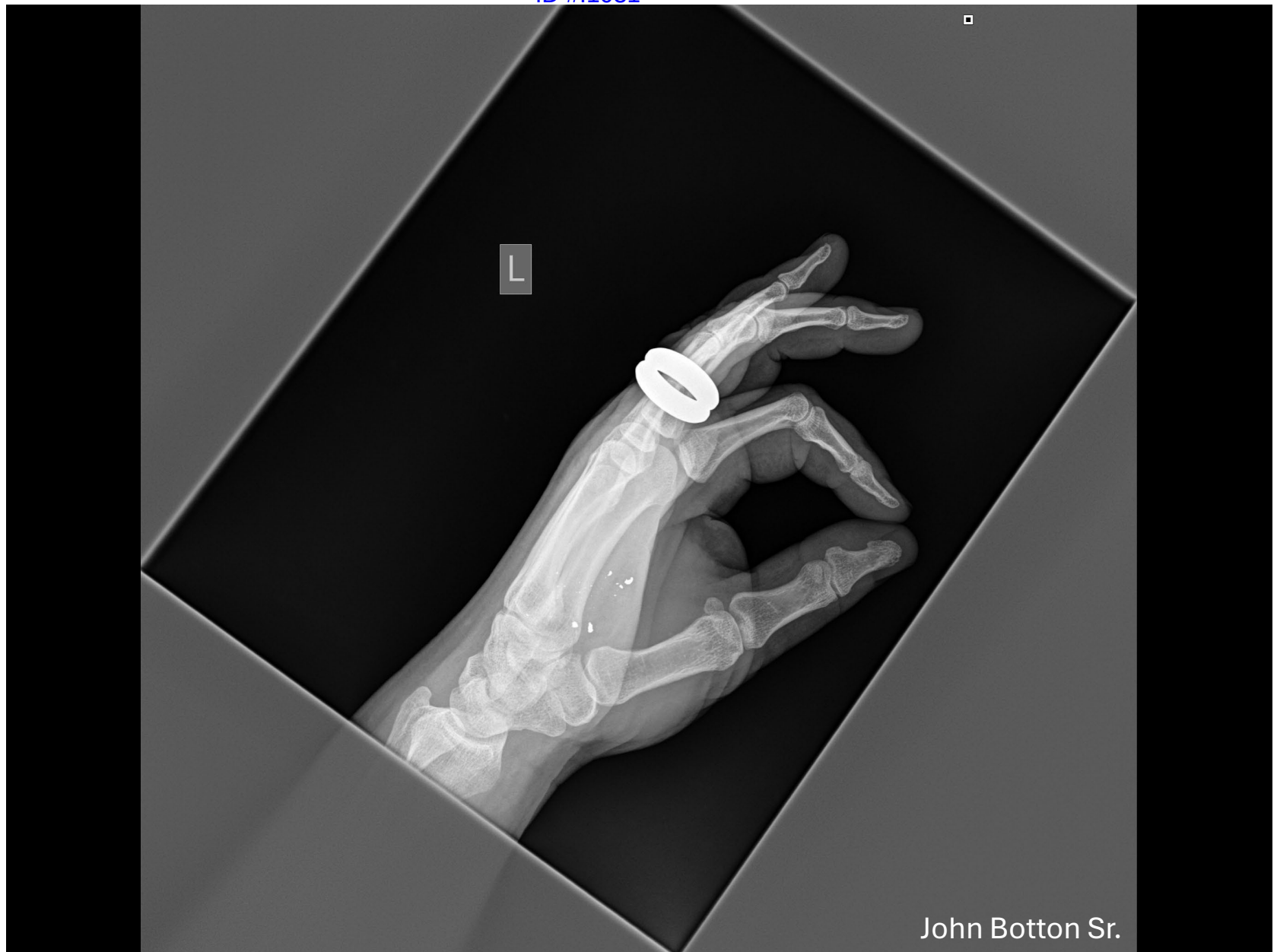






John Botton Sr.





John Botton Sr.

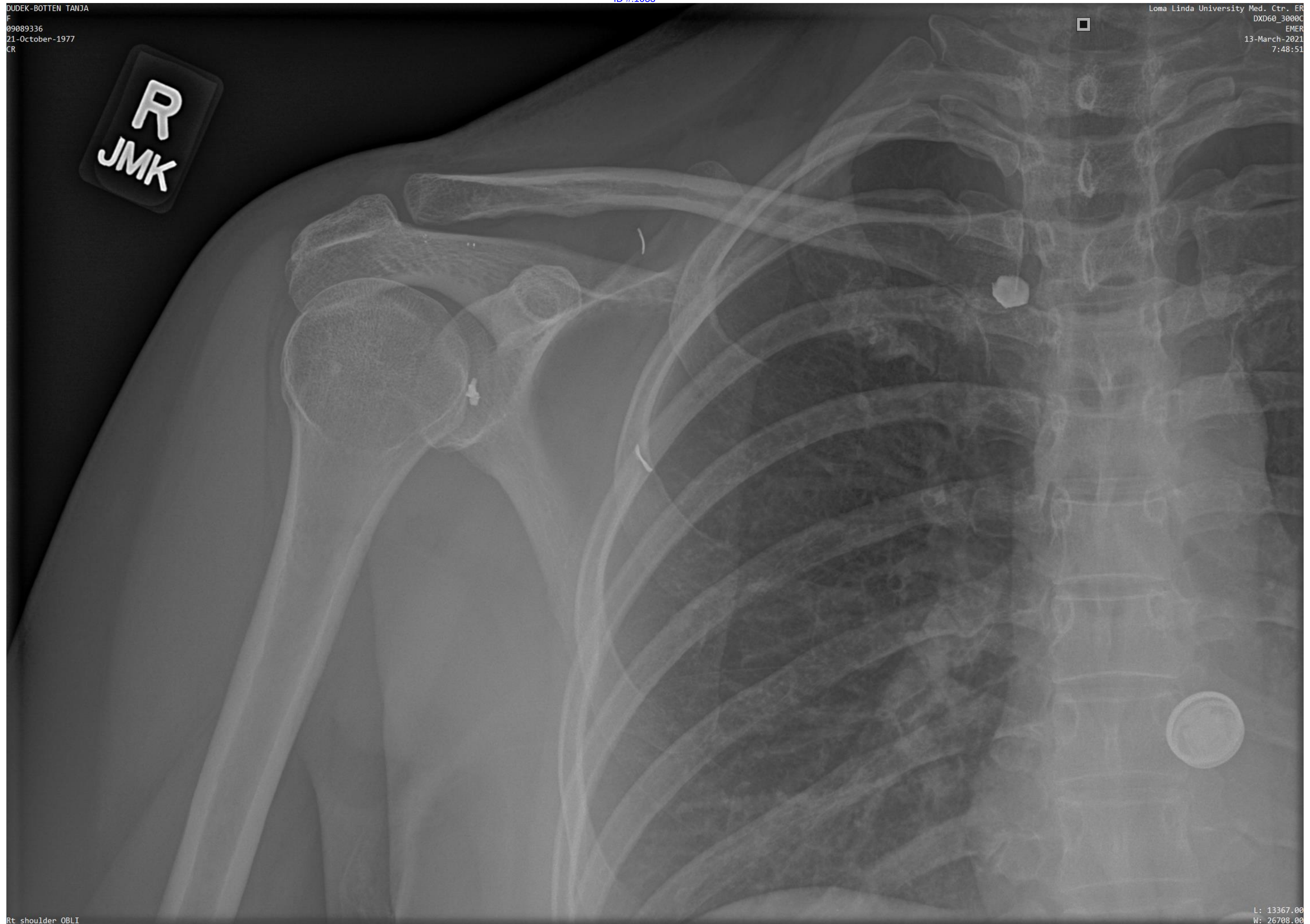


John Botton Sr.

DUDEK-BOTTEN TANJA
F
09089336
21-October-1977
CR

Loma Linda University Med. Ctr. ER
DXD60_3000C
EMER
13-March-2021
7:48:51

R
JMK



Rt shoulder OBLI

L: 13367.00
W: 26708.00

0164

DUDEK-BOTTEN TANJA
F
09089336
21-October-1977
CR

Loma Linda University Med. Ctr. ER
DXD30_Wireless
EMER
13-March-2021
7:52:13



DUDEK-BOTTEN TANJA
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Loma Linda University Med. Ctr. ER
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DUDEK-BOTTEN TANJA
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Loma Linda University Med. Ctr. ER
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